DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor, if only one name is listed below, or an original, first and joint inventor, if plural names are listed below, of the subject matter which is claimed and for which a patent is sought on the invention entitled: ELECTRONIC INFORMATION ACCESS SYSTEMS, METHODS FOR CREATION AND RELATED COMMERCIAL MODELS, the specification of which is attached hereto.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the United States Patent and Trademark Office (the Office). all information which is known by me to be material to patentability as defined in Title 37, Code of Federal Regulations (C.F.R.), Section 1.56.

POWER OF ATTORNEY

I hereby appoint the practitioner provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Please direct all correspondence to the address associated with that practitioner.

> James Edward Shultz Jr. 16656 Pine Dunes Court Grand Haven, Michigan 49417 Registration No. 50,511

All statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true, and further, these statements are made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. § 1001, and that such willful false statements may jeopardize the validity of this application or any patent issued thereon.

st inventor:

Robert Daniel Guichard

Date

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Page 1 of 2

Subscribed and sworn to before me this

Date

Notary Public in and for the County of Travis, State of Texas. Oec5/03 Pr. .

Dec 4/03

Date

do Date

Atty. Docket No. EIAS-001

Third Inventor:

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Notary Public
State of Washington MICHAEL JOHN MUIR My Appointment Expires Aug 26, 2006 State of Washington County of King

GIVEN under my hand and official seal ___ day of December

<u> 2003</u>.

Motary Public in and for the State of Washington, residing at: 1429 Browling My commission expires: